DOCUMENT RESUME

ED 254 817 CG 018 104

AUTHOR Shull, Jan
TITLE Adolescent Development: A Course for the Child Care Worker.
INSTITUTION Ball State Univ., Muncie, IN. Social Research and Service Center.
SPONS AGENCY Administration for Children, Youth, and Families (DHHS), Washington, D.C.
PUB DATE 83
GRANT IN-CW-TE-10-82
NOTE 63p.
PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Adolescent Development; *Behavior Patterns; *Child Caregivers; Child Welfare; *Developmental Tasks; Inservice Education; Learning Modules; Peer Relationship; Teaching Guides; Values Clarification

ABSTRACT

This instructor's manual presents a course designed to help the child care worker gain a better understanding of normal adolescent development, by focusing on adolescent behavior and developmental tasks, and by exploring ways in which adolescents may accomplish these developmental tasks. The manual is divided into four sessions which may involve 1 to 2 hours each, or which may be presented in a 1-day workshop format. The format for the sessions consists of a lecturette, followed by a series of exercises which may be used with the total group, with individuals, or with small groups of three to six persons. The session topics include adolescent behavior, developmental tasks, physical and sexual maturation, establishing independence and autonomy, peer relationships, and forming a personal identity. Instructor materials and color-coded handouts for participants are included in the manual. (MCF)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED254817

ADOLESCENT DEVELOPMENT

A COURSE FOR THE CHILD CARE WORKER

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

Prepared by:
Social Research and Service Center
College of Sciences and Humanities
Ball State University
Muncie, Indiana 47306

CG 018104

ADOLESCENT DEVELOPMENT:

A COURSE FOR THE CHILD CARE WORKER

by

Jan Shull

Department of Social Work

Social Research and Service Center
College of Sciences and Humanities
Ball State University
Muncie, Indiana 47306
1983

CG 018104

This project was supported by Grant No. IN CW-TE-10-82, awarded by the Department of Health and Human Services, Office of Human Development Services, Administration for Children, Youth, and Families.

PROJECT STAFF

Project Director	Ann Brown
Project Associate	Jan Shull

TABLE OF CONTENTS

INSTRUCTOR'S INTRODUCTION i

SESSION I 1

Lecturette: Introduction to the Course. 1
Exercise: Adolescent Behavior--A Range. 6
Exercise: Typical Teenage Behaviors--Group Discussion 8

SESSION II. 12

Lecturette: Developmental Tasks 12
Exercise: "The Doctor's Prognosis"--A Fantasy Exercise. 16
Lecturette: Task 1) Adjusting to Physical and Sexual Maturation . 18
Exercise: Physical and Sexual Maturation. 20

SESSION III 24

Lecturette: Task 2) Establishing Independence and Autonomy. . . . 24
Exercise: Establishing Independence and Autonomy. 28
Lecturette: Task 3) Establishing Peer Relationships and Peer Group Identity. 30
Exercise: Establishing Peer Relationships and Peer Group Identity. 33
Exercise: Case Study of Cindy 35

SESSION IV. 39

Lecturette: Task 4) Forming a Personal Identity 39
Exercise: Forming a Personal Identity 43
Individual Exercise: Portrait of an Adolescent. 45
Lecturette: Exploring Values. 48
Role Play: Exploring Values. 51

INSTRUCTOR'S INTRODUCTION

The purpose of this course is to help the child care worker gain a better understanding of normal adolescent development. The purpose is not to explain all the disturbances of adolescents in residential care. Rather, it is to concentrate on the characteristics and experiences shared by all adolescents.

The focus of the course is on looking first at adolescent behavior, then learning about the developmental tasks of adolescents, and finally exploring ways in which adolescents may be offered opportunities to accomplish developmental tasks and prepare to move into adulthood.

The resource material for the course is presented in lecturette form. The learning from the resource material is then practiced in a series of exercises. The exercises, as planned, draw heavily on the day-to-day experiences of the child care worker. It is the imput of the child care workers, who live day in and day out with adolescents, which will make this course come alive.

Exercises are designed for the total group, for individuals, and for small task groups of three to six persons.

The entire course is designed to be presented in four sessions of one and a half to two hours each. Or, the course could be presented in a one-day workshop format.

All course materials are included in this package. Instructor materials and handouts for participants are color coded. Handouts may be duplicated for distribution to participants.

SESSION I

OVERVIEW OF SESSION I

Lecturette: Introduction to the Course

Exercise: Adolescent Behavior—A Range

Exercise: Typical Teenage Behaviors—Group Discussion

LECTURETTE: Introduction to the Course

Child care workers are likely to identify adolescents as the most difficult and challenging age group with which they work in residential care. This opinion is certainly not confined to child care workers, but is generally shared by parents, teachers and much of society. It is not unusual for parents to anitcipate their children's teenage years with some dread. In spite of the years of turmoil and possible disaster, parents and other adults who work with teens experience the excitement of being with energetic and often idealistic young persons who are learning, growing, developing and making changes at an incredible rate.

The adolescent years do, of course, present special challenges and unique problems for both teenagers and the adults in their lives. There are many real-life obstacles on the journey from being a dependent child to becoming a capable adult. And a certain amount of friction and tension is guaranteed by the differing way in which adults and teenagers look at things.

Probably the one adult quality which most contributes to effective work with adolescents is the effort to see things from the adolescents' perspectives. As we understand young people's ways of looking at life and the attitudes and feelings they are experiencing, we are better able to help them through the sometimes perilous adolescent years.

The purpose of this course is not to explain all the disturbances of adolescents in residential care. Rather, it is to concentrate on the characteristics and experiences shared by all adolescents, whether they are in residential care or not. What is shared by all adolescents is the developmental tasks that must be accomplished in order to move from childhood to adulthood.

We will focus first on adolescent behavior characteristics, examing "typical" adolescent behavior. These behaviors will then be examined in the perspective of how they serve to help the adolescent accomplish developmental tasks. We will focus on several specific and crucial tasks that must be accomplished in order for the child to become an adult. Finally, we will explore ways that child care workers in a residential facility can increase opportunities for adolescents to meet developmental needs and accomplish developmental tasks.

The learning goals for this course are as follows: (Handout)

LEARNING GOALS:

1. To examine the range of normal adolescent behavior.
2. To increase the child care worker's ability to view adolescent behavior as the adolescent's effort to accomplish developmental tasks and meet developmental needs.
3. To increase the child care worker's understanding of the social and emotional developmental tasks to be accomplished during this period.

4. To explore ways the child care worker may support development in adolescents and increase opportunities for adolescents to meet developmental needs and accomplish developmental tasks.

It is important to stop here and clarify what this course is not intended to accomplish. This course will not attempt to explain adolescent disturbances, to resolve adolescent problems or give answers to issues of treatment of the behavioral and emotional disturbances which have brought many adolescents into residential care. Young persons in care may also be dealing with problems of disorganized or disintegrated families, earlier developmental tasks which may never have been satisfactorily completed, lack of consistant caring and support or guidance in earlier years, loss of or rejection by significant people in their lives, serious drug or alcohol problems, or uncontrolled aggressive urges. These problems require serious evaluation, planning, and intervention.

The problems which bring the adolescent into residential care are not necessarily the problems of adolescent development. Regardless of the serious problems the young person may face, he or she must still move through adolescence. Most of the day-to-day issues for the child care worker in living with and working with adolescents are part of normal adolescent development.

We are much better able to live with and work with adolescent behavior when we understand some of the "whys" behind the behavior. When we recognize the needs of the young person, we are better able to respond to those needs, rather than responding only to the behavior.

However, no matter how well we come to understand the adolescents in our care, to recognize their needs, and to enjoy and respect them, we cannot eliminate all conflicts, problems, and frustrations. Effective child care work requires sometimes simply living through some of the turmoil of adoles-

cence, and other times facing problems squarely and working toward solutions that are acceptable to us, and meet the needs of the individual young person and of the group.

Handout

LEARNING GOALS

1. To examine the range of normal adolescent behavior.

2. To increase the child care worker's ability to view adolescent behavior as the adolescent's effort to accomplish developmental tasks and meet developmental needs.

3. To increase the child care worker's understanding of the social and emotional developmental tasks to be accomplished during this period.

4. To explore ways the child care worker may support development in adolescents and increase opportunities for adolescents to meet developmental tasks.

EXERCISE: Adolescent Behavior--A Range

Before looking at the "whys" of teenage behavior, it is useful first to describe and examine behaviors we experience when living with teens. Let's not limit our look at teenage behavior to those behaviors we consider to be problems.

A useful way to focus on the range of behaviors that are typical of adolescents is to see the behaviors on a continuum, describing how we as adults react to those behaviors. It is important, however, to make a distinction between those behaviors that are normal and those that we see as serious problem behaviors.

On the worksheet (Handout) you are asked to list teenage behaviors you have experienced or observed. Decide where those behaviors fall in the continuum from behaviors you find pleasing to those you consider serious problem behaviors.

INDIVIDUAL TASK:

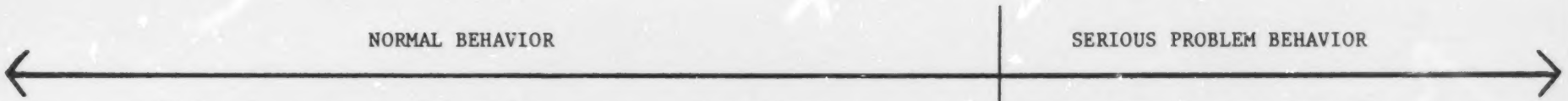
Take several minutes to develop individual lists. Then we will come together to share those lists.

TOTAL GROUP TASK:

On newsprint or chalk board, draw the continuum. Spend time as a group sharing lists and brainstorming additions to the lists.

Handout

ADOLESCENT BEHAVIOR--A RANGE



Delightful

Tolerable

Disturbing

Dangerous consequences for teens or for others

EXERCISE: Typical Teenage Behaviors—Group Discussion

Using the Handout "Typical Teenage Behaviors," discuss as a total group the behaviors listed. Encourage child care workers to supply examples from their work with teens to illustrate the behaviors discribed. Many of these behaviors will already have been included in the earlier lists developed by child care workers.

Handout

TYPICAL TEENAGE BEHAVIORS

1. Preoccupied with his or her body. Adolescents may be very self-conscious, sensitive to criticism, and judge themselves very harshly with regard to their physical attractiveness. They tend to spend a great deal of time in front of the mirror, grooming, and experimenting with hair styles, dress, or make-up.
2. Moody. The emotional patterns and range of emotions may be drastically altered as a child enters adolescence. Emotions are experienced and expressed in an exaggerated form--extreme elation, fear, anger, or despair. And the emotions may fluctuate from moment to moment without any apparent cause.
3. Inconsistent in demands for independence. Adolescents may alternate between very grown up and very childish behavior. One moment they are demanding complete freedom, and the next moment they are asking an adult to make decisions for them. They may be very responsible in some areas and irresponsible in others. They need to be allowed to be children at times.
4. Daring, risk taking, and impulsive. It is not uncommon for adolescents to view themselves as impervious to normal rules, forces, or consequences. Not only are they experiencing sudden new impulses, but they may believe, "it can't happen to me." This attitude can lead to dangerous driving or sex without birth control. They need some adult protection from their risk taking, while they also need to experience the realistic consequences of their behavior.

5. Trying to create a personality. In an effort to find out who they are, adolescents "try on" or experiment with a variety of identities. They try out styles of dress, handwriting, manner of speech, and all kinds of behaviors and attitudes to find something that fits. Although the last thing they need is to be judged or labeled as they experiment, they do need the honest reactions of the people around them.

6. Idealistic and energetic. Adolescents seem at times to have an endless supply of energy, and they certainly need it to tackle the changes taking place in their lives. Part of deciding who they are and where they fit in the world may include looking for philosophical answers, becoming committed to causes, and setting ideals for relationships and for the adolescent's place in the world.

7. Preoccupied with sex. It is normal for adolescents to engage in a great deal of daydreaming, in masturbating, and in experimenting with sexual behavior. Adolescents are also engaged in the process of trying to "keep the lid on" sexually. They are faced not only with their own impulses, but also with the expectations of their peers, and with the very mixed messages that our society gives them about sexuality. They are constantly faced with choices to be made in this area. It is normal for much of the talk of adolescents to center around sexual issues and sexual connotations. This talk may suggest much more sexual experience than the young person has really had.

8. Loyal to peer groups. In their need to belong and find a place for themselves with peers, adolescents may seek rigid conformity to their peer group. They need to belong and to get the approval of their group. But in an effort to be accepted by a group, teens can be very cruel and rejecting of other youth.

9. Self-centered. In the constant struggle to meet their own needs, face the expectations others have of them, and find out who they are and where they belong, adolescents may become very egocentric, and at times quite insensitive to the needs of others. It is important for adults to remember that this self-centeredness is an important part of growing through adolescence, and not likely to carry into adult life.

10. Rebellious. Adolescents may be very critical, rejecting or apathetic toward their parents or adult caretakers. Family ties need to be broken in order for the young person to secure a separate identity. The adolescent separates not only from family authority, but also from some of the affection, support, and intimacy of the family. This drive for independence is also played out with other adults in authority, and is sometimes seen in very oppositional, challenging or rebellious behavior.

SESSION II

OVERVIEW OF SESSION II

Lecturette: Developmental Tasks

Exercise: "The Doctor's Prognosis"--A Fantasy Exercise

Lecturette: Task 1) Adjusting to Physical and Sexual Maturation

Exercise: Physical and Sexual Maturation

LECTURETTE: Developmental Tasks

We focused first on adolescent behaviors which, whether delightful, disturbing, or somewhere in between, can be considered very normal behaviors for persons at this particular stage in life. But, why do we so consistently observe such similar behavior patterns in one particular age group?

We have to assume that these behaviors are somehow meeting the adolescent's needs. For all behavior does have meaning. We do not simply behave. But we go about trying to meet our own needs. We, as human beings, all share a set of basic human needs, which must be met continuously throughout our lives. Our needs also vary from moment to moment, depending upon our physical growth and well-being, what is going on inside of us emotionally, and what demands are being placed upon us by our environment. Not only do our needs vary from moment to moment, but they vary from one period of life to another.

This is what is meant by developmental needs or the developmental tasks required to meet our needs at different periods in our lives. Human development is a life-long process of growth and change resulting from the interaction of growth needs and environmental experiences.

Developmental tasks consist of a set of skills or competencies that are acquired as the person gains increased mastery over the environment. The tasks may reflect gains in physical skills, intellectual skills, social skills, and emotional skills. Mastering the tasks of each successive stage of development depends on the successful accomplishment of earlier and simpler skills.

The stages of development are the same for everyone, although each person moves through the stages at his or her own speed. We have learned that there are critical periods when certain developmental needs are paramount. These periods are sometimes referred to as "psychosocial crises." Stress and strain are created by internal and external factors. This leads to a relatively stormy period of adjustment. The state of tension is resolved as the individual gains new skills and is able to meet the demands of the environment at that stage. Generally, such crisis periods are then followed by a relatively smooth period of adjustment before facing new developmental tasks.

The developmental stages are sequential, although growth is certainly not a smooth liniar process. Rather, it tends to go in leaps and bounds and then slow drastically for some periods. Each stage of development builds upon those that came before it. The degree to which earlier tasks were successfully completed has a significant influence on the way a person faces subsequent tasks.

Development takes place in several different demensions of a person's life: physical, intellectual, emotional, social and moral. It is important

to note that a person develops at different rates in different areas of development. For example, the "late bloomer," whose physical development lags behind peers, may be developing rapidly in the emotional or intellectual areas, but have some social difficulties, because people are still responding to him/her as a younger child. The rate of development varies from one area to another, but certainly the different demensions interact and effect the development in each of the other demensions.

It is also important to note that a young person may seem to develop rapidly in one area, only to retreat to an earlier behavior for a time. The young person then moves ahead when his/her energy and security level permit. Retreat or regression is more likely when the person is experiencing stress.

Adolescents are faced with the particulary difficult tasks of moving from dependent childhood to making major life choices as adults. They must find out who they are, what their interests and skills are, what they believe, and where they fit in with other people. They need to look at how they are similar to others, how they differ from some other people, and how they are unique. In order to make these choices, they need to experiment with different roles, behaviors and values.

The essential task of adolescence is often summed up in the question, "Who am I?" Developmental psychologists have described this essential task in a variety of ways, breaking it down into a number of different tasks. For the purpose of this course, we will group adolescent developmental issues into four social and emotional tasks: (display on newsprint)

1. Adjusting to physical and sexual maturation.
2. Establishing independence or autonomy.
3. Establishing peer relationships and a peer group identity.
4. Forming a personal identity.

These tasks are certainly not mutually exclusive. In fact, they not only occur simultaneously, but are very interdependent. Nearly any of the adolescent behaviors we described earlier may be seen as an effort to accomplish any one of these tasks. For example, sexual experimentation may be seen as a response to new sexual urges; it may be seen as a means of establishing independence from parental expectations; it may be a means of conforming to the norms of a peer group; or it may be a way of trying out new roles and forming a personal identity.

We will move on from here to focus on the specific developmental tasks of adolescence, beginning with the adjustment to physical and sexual maturation.

EXERCISE: The Doctor's Prognosis—A Fantasy Exercise.[1]

In order to get some sense of the tremendous emotional impact of physical changes experienced by the early adolescent, I am going to ask you to join me in a fantasy exercise.

Get comfortable.

Relax.

Close your eyes.

I will paint a picture for you.

Recently, you have been experiencing some rather disturbing physical sensations, and you have finally made the decision to see your doctor and discuss your concerns.

After examination, your doctor jots down notes in your medical chart, and finally looks up from his desk with a sober expression. He leans toward you and begins:

"What I have found here are the early symptoms of a rapidly progressing condition. There is no known treatment for this condition, and the only thing I can do for you is to describe the symptoms. You will need to learn to live with these conditions."

"During the next 18 months your body size will increase by one third. Some parts of your body may grow more rapidly than others, so you may find yourself moving about clumsily. You will discover hair growing on new parts of your body. There will be changes in your skin, which may create a sometimes uncomfortable and rather unsightly skin condition, mostly on your face. You can expect a change in your voice."

---

[1]This exercise is adapted with permission from William N. Sherwood, "Working with Adolescents," a videotape produced by the Indiana State Department of Public Welfare.

"Besides these physical changes, you may expect sudden new sexual and aggressive feelings, which you may at times experience as being out of your control. You may also seem to lose control of your emotions, experiencing much more intense emotions, and finding they can change rapidly with no apparent cause. There will also be major changes in your sexual organs."

"Now, let me add that this is all perfectly normal. There is no need to seek further medical attention. You will adjust to this condition and learn to live with it."

(Pause to allow group members to experience the impact.)

You may open your eyes now.

Let's talk about how you feel right now, and what you might be likley to do about it.

I am uncertain whether I would be likely to tell someone about the condition or whether I might try to keep it a secret until it became apparent. However, I have no doubt I would hurry home to check my body in the mirror, and probably anxiously watch each day for the appearance of symptoms.

(Allow for group descussion.)

LECTURETTE: Task 1) Adjusting to Physical and Sexual Maturation

It is easy to overlook the importance of the physical changes taking place in the adolescent, because physical growth seems so natural. The physcial changes are both exciting and disturbing to the adolescent. The physical changes not only effect the adolescent's view of self and the way others view and relate to the adolescent, but also bring with them new energy and impulses, along with drastic changes in emotions. The rapid physical changes and the required adjustment to them mostly take place in the early adolescent period or puberty.

What are the specific changes, and when can they be expected to take place?

1. Growth spurt: Height may increase as much as one fourth and weight may double. The rapid growth period usually lasts approximately two years, beginning about age 10 for girls and age 12 for boys. Not only does the beginning of this growth spurt vary from one young person to another, but the growth patterns are uneven. Bones grow faster than muscles, creating a clumsy period when coordination is lacking.
2. Sex organs mature and begin to function: Sexual maturity or puberty is reached when the sex organs are capable of producing a fertile egg or sperm. These are marked by the beginning of the girl's menstrual cycle and the capacity of the boy to ejaculate semen. Again there is great variation in the timing of puberty from one youth to another, and girls tend to mature several years earlier than boys. Girls' average age at sexual maturity is 11-13 years, while boys reach sexual maturity at 13-15 years of age.

3. Secondary sex changes: The maturing of sex organs is accompanied by growth of body hair, changes in boys' voices, breast development and widening of hips in girls, and skin changes, including acne, primarily induced by glandular changes.

4. Sexual and aggressive impulses and increase in energy: The drastic changes in body hormones that accompany sexual development may cause exciting, frightening, and confusing sexual and aggressive impulses which are new to the adolescent. Fantasies about sex may make it difficult to concentrate on other thoughts, and the adolescent begins to wonder if he or she is obsessed by sex. There is a great increase in energy, which may be, and often is, expressed in action. Adolescents may behave very impulsively, seeming to act without thinking at all. Not only may such impulsive behavior be disconcerting to the young person and those around him or her, but it can be dangerous. Accidents are the major cause of death in adolescents.

5. Mood swings: The fundamental physical changes in the adolescent also have a profound effect on the adolescent's emotional stability and adjustment. Teens, especially early teens, experience a much greater range of emotions than they had experienced before and new patterns of fluctuating feelings. Emotions are exaggerated and extreme--extreme elation and joy, extreme fear, anger, and sadness. And these changes may take place from one day to the next or within the same day without any apparent cause. The physical changes may upset the entire psychic balance. It is no wonder some adolescents fear they are going crazy. Anxiety may be experienced very intensely and very physically, with sweating, muscle tension, heart pounding or overwhelming fatigue. The adolescent may worry these are signs of illness.

Handout

EXERCISE: Physical and Sexual Maturation

INDIVIDUAL TASK:

Think about an early adolescent boy or girl with whom you are working or have worked. Review the young person's physical development and the behaviors which are evidence of his/her efforts to adjust to the changes.

Answer the following questions:

1. How old is this young person? Boy or girl?

2. At what age did the growth spurt begin?

3. What do you know about the maturing of this teen's sex organs? If a girl, what knowledge did she have about menstruation, and how did she react to the onset of menstruation?

4. What secondary sex characteristics are evident?

5. How does this teen's development compare with the development of other young people his/her age?

6. How is this young person responding to the physical changes and to the differences in rate of development of other young people?

7. What evidence do you see of preoccupation with his/her body? Do you see evidence of pride or pleasure in physical and sexual development? Do you see evidence of uncertainty or fear about development?

8. In what ways is this young person expressing awakening sexuality?

9. Do you see evidence of impulsive behavior?

10. What about mood swings and intense emotions? How are these expressed? Does the adolescent appear worried about these fluctuations in moods?

SMALL GROUP TASK:

Join together in a small group to share your observations of adolescent responses to physical and sexual maturation. This can be helpful in recognizing how normal some responses are, how they are shared in common with other adolescents, but also how differently each adolescent may respond.

This exercise will also begin to focus on ways in which the young person may be offered opportunities to work through these developmental tasks and adult responses that may be helpful.

On the Adolescent Developmental Task Chart, list the Range of Behaviors you have observed in adolescents in your care. Consider the Opportunities to Meet Developmental Needs, which might be offered to the adolescent in the residential child care situation. List these.

Record your list of Behaviors and Opportunities on newsprint to share with the entire group.

Handout

ADOLESCENT DEVELOPMENT TASK CHART

DEVELOPMENTAL TASK	PROCESS	RANGE OF BEHAVIORS	OPPORTUNITIES TO MEET DEVELOPMENTAL NEEDS
Adjusting to Physical and Sexual Maturation	Growth spurt		
	Maturing sex organs		
	Secondary sex changes appear		
	Experiencing of sexual and aggressive impulses and an increase in energy		
	Mood swings		

TOTAL GROUP TASK:

Bring together lists of Behaviors and Opportunities. Discuss behaviors listed and look at opportunities to meet developmental needs. The adults in the young person's life cannot tackle the developmental tasks for the adolescent. But, recognizing the tasks to be accomplished and the normal process of accomplishing the tasks, the adult can increase opportunities for the young person to successfully meet developmental needs. Some that may be included in discussion include:

--providing access to accurate information about physical and sexual changes

--allowing some privacy and time in front of the mirror for the young person to explore and get used to body changes

--reassuring the young person that intense sexual and aggressive impulses are normal, but that they do not have to be acted on

--providing some limits, supervision, and protection for the young person whose impulsiveness may lead to taking chances or to accidents

--allow space for young person's mood swings, providing reassurance that they are normal, without pressing young person to change or to explain why he or she feels that way

--helping teens to develop self-care habits of grooming and hygiene, a balance of exercise and rest, and opportunities for good nutrition

SESSION III

OVERVIEW OF SESSION III

Lecturette: Task 2) Establishing Independence and Autonomy

Exercise: Establishing Independence and Autonomy

Lecturette: Task 3) Establishing Peer Relationships and Peer Group Identity

Exercise: Establishing Peer Relationships and Peer Group Identity

Exercise: Case Study of Cindy

LECTURETTE: Task 2) Establishing Independence and Autonomy

An essential step from adolescence to maturity is the transition to healthy independence. This is not, however, a task that is faced only in adolescence. From the complete helplessness of infancy, the child learns to take more and more responsibility and increasing care for personal needs. The child learns to feed himself, take responsibility for toilet needs, express needs in words, read, write, and socialize with peers and adults. In addition to physical and emotional dependence, the young child is largely dependent upon parents for behavior control. Parents set limits upon the child's behavior, and the areas in which the child may make choices are restricted by parents.

When we discuss the process of gaining independence, it is not unusual to view the process only from the perspective of the young person's drive for independence. The adolescent does take steps to separate him/herself from family authority, affection, support, intimacy and possessiveness. However, this process is not a one-way street. Not only does the young person seek independence but he/she also experiences the withdrawal of adult protection and permission to be dependent. Adults begin to expect increasingly independent decisions and added responsibility for the adolescent's own behavior.

It seems useful here to point out that the independence or adult autonomy toward which the young person is moving does not mean complete self-sufficiency. It might better be described as a move toward interdependence. This move toward a healthy interdependence is a life-long process, not a one-time event.

The process of achieving autonomy is essentially one of recognizing an increased number of choices, making choices and taking action, and then experiencing the consequences of the action taken. Those consequences may be rewarding or the young person may find that the action taken brings pain or otherwise fails to meet his/her needs. Through this process, the adolescent can begin to give up behavioral controls impossed by adults and replace those with internal controls.

This brings us to the issue of the adolescent's changing needs for structure and limits from caretaking adults. The adolescent who is offered too many choices and too little control may be overwhelmed and seek to retreat to childhood dependency. Or that adolescent may make choices for which he/she is not ready, with disastrous consequences. The young person experiences uncertainty about how to act and may fear losing control. On the reverse side of the coin, the adolescent who experiences too few choices or over-control by adults may rebel and make very poor choices, simply to assert the power to

choose. In the struggle for independence, many teens would rather make the "wrong" decision and have it be their own decision than to make a "right" decision that is not their own.

The young person, who is inexperienced in making choices, may need some help in anticipating the possible consequences of a particular course of action. So, the role of child care worker with adolescents is one of finding a balance between providing consistent limits and control and seeing that the young person has sufficient opportunities to make choices and experience the consequences of those choices. Young people need to be allowed to make mistakes. It is through increasingly independent choices that they gain the satisfaction of exercising their new skills and gain confidnece in their ability to make choices. It is useful to remember that assisting the growth and development of young people is our goal, not simply maintaining control over their behavior.

Besides gaining autonomy in making choices about behavior, the adolescent must also break the ties of emotional dependency upon parents. Many young people are unable to break the emotional bonds with parents logically or objectively. In order to create the emotional distance and redefine the relationship, the adolescent may not only rebel against parental rules, but may also become critical and rejecting of parents. Because the emotional independence is necessary but at times painful to the adolescent, the young person sometimes finds it easier to break the bonds if the parent is seen in a negative light. Many adolescents and parents, once able to break the ties of childhood dependency, can move toward an adolescent-adult relationship based on the adolescent's new abilities, behaviors, and interests.

This process of establishing emotional independence may be especially difficult for the young person in residential care. The adolescent may have

experienced this separation prematurely and may be dealing with painful feelings of rejection. This young person may not have access to the adults with whom he/she needs to work through this process. The young person may be able to work through some of the process with other adults, but in many ways this remains an area that is not resolved in the life of the adolescent in placement.

EXERCISE: Establishing Independence and Autonomy

SMALL GROUP TASK:

Part I

Handout the Developmental Task Chart for the task of Establishing Independence and Autonomy. As a group brainstorm behaviors and record in the Range of Behaviors Column.

Part II

Before completing the Opportunities Column, complete the following task:

Providing Controls and Choices in Residential Care

Review the program for adolescents in your agency, and answer these questions:

1. How are controls provided for adolescents? What are the agency rules by which structure is provided for them?

2. Brainstorm a list of the areas in which adolescents in care can make choices.

3. Examine agency rules and the list of choices, and look for creative ways in which opportunities to make choices can be increased for adolescents in residential care.

Part III

Return to Developmental Task Chart and Complete the Opportunities to Meet Developmental Needs Column.

TOTAL GROUP TASK:

Bring together lists of Behaviors and Opportunities. Discuss behaviors listed and look at opportunities to meet developmental needs.

Handout

ADOLESCENT DEVELOPMENTAL TASK CHART

DEVELOPMENTAL TASK	PROCESS	RANGE OF BEHAVIORS	OPPORTUNITIES TO MEET DEVELOPMENTAL NEEDS
Establishing Independence and Autonomy	Withdrawal of adult protection and permission to be dependent		
	Increased responsibility for own behavior		
	Drive for independence		
	Demands to make own choices and must live with consequences of choices made		
	Loosening psychological bonds and lessening identification with family		

LECTURETTE: Task 3) Establishing Peer Relationships and Peer Group Identity

This developmental task could be described as the challenge of learning social skills--how to relate to persons of the same sex and persons of the opposite sex. But the process is much more than the learning of social skills. Forming peer relationships is very closely tied to the other tasks we are addressing in this course. In the process of establishing independence from parental ties and influence, the peer group plays a major role. In many ways the peer group replaces the family as a source of support, of setting expectations for behavior, and of experiencing a sense of belonging. The peer group also provides the primary avenue through which the young person develops a sense of edentity. The adolescent answers the question "Who am I?" with the question "To what group do I belong?"

The adolescent's intense loyalty to a peer group may be seen as a transitional period between dependency and autonomy. Within the safety of a group who share certain beliefs and norms for behavior, the young person can experience acting independently of adult controls. The peer group, however, may not really allow for a wide range of individual choices. In this way, the group offers some protection to the young person who may feel uncertain and overwhelmed by growing independence.

Adolescent peer groups are characterized as demanding rigid conformity to the group, in dress, choice of activities, choice of music, attitudes toward school, and beliefs and values. And the group exerts considerable pressure on members to conform. This peer pressure, however, seems to be much stronger for early adolescents, when peers are most needed to assist the early teen in loosening family ties. To go against the group creates tremendous insecurity and an emotional void. As they enter the later stages of adolescence, however, young people gain more confidence in their own abilities and decision making

powers. This growing sense of self-assurance enables young people to stand against the group and assert their individuality once again.

Besides providing a sense of identity for the adolescent, the peer group offers a place to try out and practice new social skills. Early adolescent groups usually focus on the same sex, and gradually groups include both sexes. Young people try out new behaviors and learn how others react to them. Young people seek to be liked and accepted, and will try all kinds of behaviors to gain acceptance.

Because peer group identity is so important in adolescent development, we need to consider the impact on development of the young person who is not successful in finding a peer group which meets his/her needs. Adolescents are so unsure of themselves that they may go to great lengths to shun unpopular teens around them. Some young people are left with a pervasive sense of alienation from peers. They do not experience a sense of belonging to a group, and may be continually uneasy in the presence of peers. It is not uncommon for young people to come into residential care having had a long-standing difficulty relating to peers. Because they were shunned by many peer groups, they may have affiliated with other alienated youth, creating a peer group whose norms for behavior repeatedly put them in conflict with their communities.

The group living situation in a group home or institution provides some real advantages in meeting the needs of adolescents. By coming into care, the young person is automatically provided with opportunities to interact closely with peers. For some youth this may be the first group to which they have belonged. They can learn to conform to group norms and practice behavior accepted by the group. Social skills are learned in the group living situation, even by the young person who does not enjoy enthusiastic acceptance from the peer group.

This is not to say, however, that the living unit itself always constitutes a close peer group or a single peer group. Members of the group may form their own cliques or subgroups, and some young people may continue to experience rejection. Members of the living unit may also form peer group attachments outside the living unit or agency.

A common experience of young people in residential care is that of being labeled or identified in the community as a resident of the group home or institution and shunned by other peer groups because of the label. This can create painful rejection and alienation.

EXERCISE: Establishing Peer Relationships and Peer Group Identity.

SMALL GROUP TASK:

In small task groups, complete the Developmental Task Chart for this developmental task, as you have for previous tasks.

TOTAL GROUP TASK:

Bring together lists of Behaviors and Opportunities. Discuss behaviors listed and look at opportunities to meet developmental needs.

Handout

ADOLESCENT DEVELOPMENTAL TASK CHART

DEVELOPMENTAL TASK	PROCESS	RANGE OF BEHAVIORS	OPPORTUNITIES TO MEET DEVELOPMENTAL NEEDS
Establishing Peer Relationships and Peer Group Identity	Learning Social Skills		
	Replacing identification with peer group for earlier identification with family		
	Gaining a sense of belonging		
	Conformity to peer group norms		
	Loyalty		
	Peer pressure		

Handout

Case Study: Cindy

Cindy was not quite 13 years old when she was placed in the group home. She was an energetic and alert girl, who entered into activities easily and always seemed to be full of new ideas. But, underneath all her activity, Cindy did not seem happy. Tears came easily to her eyes when she was disappointed or hurt, though she often quickly blinked them away and again became active. And, Cindy was so sensitive to criticism. When the other girls did not want to do things Cindy suggested, she felt they were rejecting her. Any directions or suggestions by the child care workers were seen as criticism and rejection. And Cindy reacted with angry outbursts, followed by long periods of sulking and withdrawal.

Cindy's troubles had begun when she was eleven. She began maturing sexually before many of the girls her age. Her father had left two years before. Her mother had little time or energy left for Cindy, because of her efforts to form meaningful relationships in her own life. Cindy began to spend a lot of time with a group of fourteen and fifteen year olds, staying out late and doing some shoplifting. Her mother did little to set rules for Cindy. When they were home together, Cindy's angry outbursts and abusive language became more than her mother was willing tolerate. She requested placement for Cindy.

In the group home, Cindy again found friends among the older girls. However, they attended the high school and Cindy attended the junior high school. At the junior high Cindy discovered that the "group home girls" were considered outsiders. She tried desperately to gain acceptance by a group at school. But, she could not participate in their informal activities after school or stay out with them in the evenings. And she never really was seen as part of the group.

At the same time Cindy was experiencing continued rejection by her mother. Her mother would answer Cindy's pleas to come home with letters saying it would not be long until she could return home. But mother did not visit regularly. When she did visit, she would follow the visit with letters criticizing Cindy's attitudes and behavior.

Cindy had difficulty getting close to any of the adults in the group home, but she was sometimes able to talk to Mrs. Anderson. She would share her mother's letters with Mrs. Anderson usually with tearful and angry outbursts. But, just when Mrs. Anderson felt Cindy was beginning to trust her, Cindy would withdraw from her, hurt and angered by something Mrs. Anderson had said. Cindy was so sensitive to criticism, it seemed impossible to play the role of child care worker and still provide Cindy with emotional support.

After nine months at the group home, Cindy continued to be unhappy at school. She met an older boy, who was not in school, and ran away with him on two occassions.

Following the second runaway, Cindy was moved from the group home to a larger institution which had a school on the grounds. The school had its own ball teams and a cheerleading squad. Cindy tried out and made the cheerleading squad, and was able to put her boundless energy into the cheering. She got recognition, and finally felt she had a group to which to belong. Months later Cindy wrote to Mrs. Anderson.

Dear Mrs. A.,

This place is not too bad.

The best thing is that I got to be a cheerleader. I am finally somebody! They don't put you down here.

Don't know what to tell you about my Mom. Nothing's changed, I guess.

Well, write if you get a chance.

Love ya, Cindy

Handout

EXERCISE: Case Study of Cindy

Read the case study of Cindy.

In small task groups, answer these questions on a separate sheet of paper:

1. Look first at Cindy's behaviors. Simply list all the behaviors described.

2. We have been looking at behaviors as an attempt to meet needs. For each behavior listed identify needs that may be behind the behaviors.

BEHAVIORS	NEEDS

3. Use the framework of Developmental Tasks. What evidence do you see of Cindy's attempts to accomplish each of these developmental tasks:

   a. Adjusting to physical and sexual maturation.

   b. Establishing independence and autonomy.

   c. Establishing peer group relationships and peer identity.

4. What factors in Cindy's life experiences at home, in the group home, and in the larger institution have created barriers to her accomplishment of developmental tasks?

5. What factors have provided opportunities for her to meet developmental needs?

SESSION IV

OVERVIEW OF SESSION IV

Lecturette: Task 4) Forming a Personal Identity

Exercise: Forming a Personal Identity

Individual Exercise: Portrait of an Adolescent

Lecturette: Exploring Values

Role Play: Exploring Values

LECTURETTE: Task 4) Forming a Personal Identity

The most central task of the adolescent years is the task of forming a personal identity. It means bringing together the many elements of one's life experiences into a clear definition of oneself.

The process, however, neither begins in adolescence nor ends there. The process begins in infancy, when the child learns to recognize that he/she is a person, separate from other people and things. Later young children begin to be aware of the physical characteristics that define their sex. In the middle childhood years children begin to distinguish themselves according

to their individual abilities and interests. The process also continues beyond adolescence. Personal identity changes throughout the life cycle as people learn new things and experience new roles. But adolescence is the time when a person's sense of identity, no matter how it may change subsequently, begins to take some consistent form that makes sense and gives meaning and direction to life.

As the young person enters adolescence the task becomes one of bringing together into a meaningful whole everything the young person has learned about him/herself in various roles, as a son or daughter, as a student, as a friend, as a group member, as a sexual person and the object of sexual attention from others, as an athlete, musician, etc. The young person must consolidate earlier identification with present values, roles, relationships, abilities and interests, and finally with future goals. It requires maintaining continuity with the past and preparation for the future.

In simpler terms, the adolescent needs to know who he/she is, where he/she has been, and where he/she is going.

This is not all something which takes place as one enters adolescence, but is a process which takes eight or ten years. The process requires much experimentation with behaviors, relationships, roles, interests, activities, thoughts, ideas and values. It is no wonder the adolescent is so self-preoccupied and does a lot of daydreaming. It is also no wonder most teens go through periods of discouragement and confusion.

The early adolescent is less concerned with future choices than with those in the present. As we discussed earlier, this is the period when the young person, seeking to find some identity other than that defined by family relationships, quickly adopts and identity of the peer group.

The older adolescent begins to see him/herself as different from peers. This, again, can become a frightening separation from some earlier security

in a more rigidly defined identity. At this point the young person is preparing for critical future decisions about occupation, marriage, and a moral code by which to live.

Personal identity is very closely tied to how others respond to the young person. As adolescents experiment with and "try on" different roles, they are very sensitive to the reactions of others. From the earliest stages of development, the child uses others as a mirror, in large part defining him/herself according to the reactions of others. This process continues in adolescence, but the young person's world has expanded so greatly that many more persons can serve this function.

The child care worker is one of those persons. As the young person experiments with roles, he/she needs the honest reactions of others. However, what the young person does not need is labels. Adults must resist labeling the young person as he/she tries on new behaviors, attitudes, and beliefs.

More than anything else, a healthy sense of personal identity means building self-esteem, confidence, and self-respect. This is very difficult for the young person who is criticized, disparaged, or rejected by significant peers or adults. As the adolescent begins to form a comprehensive image of him/herself, it is important he/she have a sense of being valued by others. One of the greatest contributions the child care worker can make to the adolescent's healthy development is to communicate respect and worth and to help the young person gain confidence.

In addition to the responses of others, self-confidence is gained through experiences of success. Young people need opportunities to develop skills and interests. Again, child care workers can assist youth by encouraging participation in activities within the child care agency, at school, and in the

community. Within the agency, young people can be offered opportunities to initiate, plan, and carry out their own activities. Opportunities for meaningful work responsibilities contribute to the sense of self-respect and prepare the young person for moving into adult roles.

Many of the youth in residential care face the critical task of forming a personal identity with major barriers to overcome from earlier life experiences. They may have had few relationships in which they felt valued and respected. And they may have little confidence in their own skills and ability to make meaningful decisions. Such young people are struggling with a negative identity. They may have been labeled by others as a "failure," "good-for-nothing," delinquent," or troublemaker." These labels may be accepted by adolescents who have no sense of their possibilities for success or for making a contribution to society. Because adolescents so desperately need some sense of who they are, some discouraged adolescents may adopt that negative identity, feeling that a negative identity is better than no identity at all. Helping these young people begin to explore alternative definitions of who they are is a major challenge for the child care worker.

EXERCISE: Forming a Personal Identity

SMALL GROUP TASK:

In small task groups, complete the Developmental Task Chart for this developmental task, as you have for previous tasks.

TOTAL GROUP TASK:

Bring together lists of Behaviors and Opportunities. Discuss behaviors listed and look at opportunities to meet developmental needs.

Handout

ADOLESCENT DEVELOPMENTAL TASK CHART

DEVELOPMENTAL TASK	PROCESS	RANGE OF BEHAVIORS	OPPORTUNITIES TO MEET DEVELOPMENTAL NEEDS
Forming a personal identity	Self-preoccupation--developing a self-image		
	Experimenting with roles, behaviors, attitudes, values, interests		
	Learning new skills		
	Need to experience success, respect, and recognition		
	Preparing for critical decisions about work, marriage, moral code		
	Integrating past identification, present experiences and values, and future goals		

INDIVIDUAL EXERCISE: Portrait of an Adolescent

A primary goal of this course has been to offer a useful framework for looking at the behavior of adolescents in care: to recognize the adolescent's behaviors as attempts to accomplish essential developmental tasks.

This exercise will assist the child care worker in applying the framework to one adolescent in care. It is expected that this process will be repeated mentally with other adolescents in care, as the child care worker begins to ask some of the same questions about other youth.

This is an individual written exercise, and will not be shared with the group. The framework and questions are provided in a separate handout. The portrait of an adolescent will be written on separate paper. The portrait may be written in full sentences or in words and phrases. The final product is not so important as the process by which it is developed. The portrait will not be shared with the group.

Select one adolescent in your care, or if you are not currently working with adolescents, one whom you have known. Then respond to the questions on the Handout.

Handout

"Portrait of an Adolescent"

Task 1: Adjusting to physical and sexual maturation

1. Briefly describe this young person's current level of physical and sexual maturity.

2. Describe some of the behaviors that give you clues to this adolescent's attitudes toward his/her body and its changes.

Task 2: Establishing independence and autonomy

1. Who have been the significant adults with whom this young person has identified? Does this adolescent still have access to those adults? What evidence do you see of the adult's withdrawal of protection and permission to be dependent? What evidence do you see of the adolescent's efforts to break the ties?

2. What are this adolescent's attitudes toward persons in authority?

3. In what ways does he/she assert independence and the right to make his/her own choices?

4. Does he/she show evidence of some ability to anticipate the consequences of choices before the choices are made?

Task 3: Establishing peer relationships and peer identity

1. To what peer groups does this young person belong?

2. Is he/she really a part of some peer group or on the fringes?

3. What evidence do you see of conforming to peer group expectations: dress, speech, interests, behavior attitudes?

4. In what ways are members of the peer group alike?

5. In what ways does this young person differ from others in the peer group?

Task 4: Forming a personal identity

1. What did early life experiences tell this adolescent about self-worth?

2. What labels have been placed on him/her?

3. Does he/she accept or reject these labels?

4. In what areas has he/she experienced success? What are his/her interests and abilities?

5. What are some of the behaviors and roles you have seen him/her try on and discard? What are the current roles with which he/she is experimenting?

6. What are his/her dreams for the future? Are these realistic dreams that may be achieved? What steps have been taken toward achieving those dreams?

LECTURETTE: Forming a Personal Identity--Exploring Values

In our discussion of the adolescent developmental task of forming a personal identity, we referred frequently to the adolescent's choice of values. In answering the question, "Who am I?" the adolescent also faces the questions "What do I value?" and "What beliefs guide the choices I make?"

As the adolescent begins to loosen the ties with parents, parental values are also questioned. At the same time, the adolescent is exposed to a baffling array of alternatives. Differing values are embraced by parents, peers, teachers, and churches. And T.V., movies, and popular magazines offer further alternatives.

Ultimately, value choices are a part of the many independent choices that adolescents will and must make. The child care worker, however, can play a role in helping young people in care with the dilemma of choosing values.

In their book Values Clarification[1], the authors have described several ways in which adults may attempt to guide young people in selecting values:

1. Moralizing is a way of directly or indirectly attempting to influence the young person to accept the adult's values. It suggests that, if the values are right for the adult, they must also be right for the young person, and assumes that the adult can save the young person from the pain of coming to these values on his/her own. This approach has several risks. Young people can find such advice from so many sources, they still must finally make their own choices about whose advice to follow. If they do blindly accept the value system of someone in authority, they are not well prepared to make responsible choices of their own. They do not learn the process of selecting what is useful and rejecting what is not useful in the various value systems others will encourage them to follow.

---

[1]Simon, Sidney B., Howe, Leland W., and Kirshenbaum, Howard. Values Clarification. New York: Hart Publishing Co., Inc. 1972.

2. The Laissez-faire attitude or non-interference of some adults is based on the assumption that there is no right value system for everyone, so young people should simply be left alone to find their own system of values. Although young people do not need adults to make their decisions for them, they do need some guidance from adults.
3. Modeling is a means of presenting a set of values by setting an example and consistently living out a set of values. It is hoped that young people will find the model attractive enough that they will accept the set of values. Although this is an important part of exposing young people to choices, it still does not help the young person to choose among the many available models.
4. Values clarification is a means to help young people explore values and build a value system of their own. It helps young people think through issues for themselves. The emphasis in values clarification is not so much the content of the values people choose as it is the process of how people come to hold certain beliefs and establish certain behavior patterns.

The process of valuing includes prizing one's beliefs and behaviors, choosing one's beliefs and behaviors, and acting on one's beliefs. We will focus now primarily on the process of choosing. Choices about values take place throughout a lifetime, but there is no time in life when so many choices are made as they are during adolescence. For a value to be truly one's own it must be chosen freely, not imposed or blindly accepted. It must be chosen from alternatives, which means that the young person needs to look around and consider the alternative choices that might be made. Finally, it must be chosen after considering the effects or consequences of the choice. It is during adolescence that young people begin to experience the consequences of behavior

and also begin to anticipate those consequences. They can then use this process of anticipating consequences in making choices about beliefs and behaviors.

The child care worker who wants to help guide the moral development of young people can find many opportunities to encourage young people to explore alternatives and consequences as they make life choices.

Handout

ROLE PLAY: Exploring Values

Form small task groups of five or six persons. Each group will develop its own role play. Groups will make presentations, with opportunities between presentations for total group discussion and reactions.

ROLE PLAY

Situation: Select a situation from your own child care experience, when child care workers have had an opportunity to explore values with adolescents. A common opportunity may arise around the viewing of a controversial television show. Child care workers are frequently faced with the dilemma whether to permit adolescents to view television shows which may influence young people's values.

Create a role play around such a situation.

Roles:

Child Care Worker #1

You believe the youth in your care should not be exposed to some views. Your approacn is to protect them from this exposure and to moralize and try to influence them to share your system of values.

Child Care Worker#2

You take the values clarification approach in helping young people to explore values. When exposed to controversial values issues, you try to help young people express and clarify their own views. You also help them to explore the alternative choices that may be made and to consider the consequences of each choice.

Adolescents (3 or 4)

Your values are still forming. You are eager for exposure to new ideas, but you are at times frightened by the choices you must make. You consider the views of your parents, the child care workers, and your peers. You "try on" a lot of different views, to see how they fit you, and also to get a response from peers and adults in your lives.